

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

ESTABLISHED APRIL 15, 1870

BERTRAM P. BROWN, M.D., Director

Weekly



Bulletin

Medical
University of

JUL 18 1940

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIX, No. 22

June 22, 1940

GUY P. JONES
EDITOR

Why Register Births and Deaths

Value to Individuals

The primary function of the registration system is to obtain and preserve such documentary evidence concerning births and deaths as is necessary to protect the legal rights of individuals. Though valuable, the production of statistics is of secondary importance.

The constantly increasing need for proof of the circumstances of birth or death is the principal factor in the demand that registration be as complete and accurate as possible. An appreciation of this value of registration to the individual is essential to an understanding of the motives and methods of the Nationwide registration organization.

The laws of every state provide for the permanent filing of all original certificates of birth and death. As a result, individuals concerned may refer to these files at any future time for proof as to the pertinent facts of birth or death.

Where proof concerning birth is needed:

1. To prove the fact of birth: For proving parentage; for inheritance of property; for settlement of insurance; for legal dependency; for establishing identity; for tracing ancestry.
2. To prove the date of birth: For entrance to school; for first-work permit; for automobile license; for

right to vote; for right to marry; for establishing age of consent or liability; for right to enter Civil Service; for holding public office; for entering military service; for Social Security benefits to blind, dependent children, aged.

3. To prove the place of birth: For passports; for immigration and emigration; for establishing citizenship.

Where proof concerning death is needed:

1. To prove the fact of death: For life-insurance claims; for liquidation of estates.
2. To prove facts about the deceased: For tracing ancestry; for names of husband or wife, and parents; for information on circumstances and cause of death; for age, sex, and race; for recording date and place of interment.
3. To prove date of death: For settlement of pensions; for insurance adjustments; for general legal use.

Recent Social Security legislation:

In recent years vital statistics records have become increasingly important documents containing birth and death evidence upon which the beneficiaries of social legislation, as well as administrative authorities, must rely. As time goes on, existing social legislation will affect even more individuals than at present.

The Social Security Board estimates that by June, 1939 the Federal Social Security Act alone affected the following number of people:

Old-age insurance	45,000,000
Unemployment insurance	27,800,000
Old-age assistance	1,850,000
Dependent children	690,000
Aid to the needy blind	45,000

Vital Statistics for Public-Health Use

Since vital statistics define the problems and measure the results of public-health work, they are a necessary foundation on which to base an intelligent public-health program. Without them, a health department can hardly perform its duties with perspective and in an effective manner. It is for this reason, primarily, that the organization for the collection of birth and death certificates has become an integral part of the state and local departments of health.

The flow of death certificates into city, county, and State departments of health enables health authorities to determine promptly the number of people who die and from what causes, where campaigns against the principal causes of sickness and death are needed, and the required scope of such campaigns. Later, when reports are issued showing data compiled from certificates by cause of death, residence, age, sex, race, etc., health authorities may compare the general level of health conditions in different areas and with past experience.

Similarly, birth certificates indicate to local and state departments of health the proper allocation of funds for child- and maternal-health programs; the districts in which most need exists for baby conferences and who should be notified of them; where special precautions against diseases fatal to infants should be instituted and how extensive they should be; who should receive literature on infant care; where to obtain knowledge of postnatal cases; whether unlicensed midwives are attending births; and other facts of value for infant and maternal welfare.

Value of Vital Statistics to Medical Science

In addition to public health use and other applications, vital statistics are of considerable value to individual physicians and to medical science. The increase or decrease in the number of deaths; the geographic distribution of deaths from certain diseases; the risk of death from various causes at different ages; the medical implications of the combinations of morbid conditions resulting in death; the frequency of autopsy; the proportion of births and deaths occurring in hospitals, and the proportion occurring without a physician in attendance; the frequency and causes of stillbirths; the nature and prevalence of

complications in pregnancy and labor—all are problems of vital interest to the medical profession.

The importance of mortality and morbidity data in medical research directed at the control and prevention of disease is recognized by physicians. In studying the etiology and epidemiology of a particular malady, information regarding its fatality, geographic occurrence, and the age, sex, race, and other conditions of life most affected by it are essential. The health of a community, or even a nation, may be directly dependent upon prompt and accurate information of this kind.

Vital Statistics Correlated With Other Social Needs

New uses of vital statistics are now rapidly developing in other social fields. Foremost among these are the many problems related to population research. From the standpoint of a long-time study of the characteristics of a changing population, the use of birth and death statistics to measure the fertility and mortality of various racial, economic, or social groups is essential.

Further, a knowledge of the number of births and deaths is required in making estimates of population. The fact that a population census is taken only once in every 10 years necessitates estimates for the intervening years. Many organizations for the scientific study of society and various public and private enterprises must have such estimates for research or administrative purposes.

The planning of long-range housing programs either by private or governmental agencies; the problem of declining fertility and its relation to the national defense and international status of a country; the development of social-security plans; programs for accident prevention and the elimination of specific occupational mortality risks—all require accurate data on vital statistics.

In addition to social uses, many economic or business requirements exist for vital statistics. For example, the financial structure of the life-insurance field is dependent upon life tables prepared from natality and mortality statistics; and, more recently, data on births, deaths, and marriages have become of increasing value in both marketing and consumer research.—Physicians Handbook on Birth and Death Registration, U. S. Bureau of the Census.

Of 971 chancres found among patients in New York City Clinic, 94 per cent were in the usual site. Among the women patients, however, one-fourth of the chancres found were on extragenital skin areas—usually the lips.—Reported in Venereal Disease Information, May, 1940.

THE DEVELOPMENT OF REGISTRATION IN THE UNITED STATES

Early Development

A number of the original American colonies required the registration of births, deaths, and marriages as incidents to canon law. Massachusetts, however, was the first political unit in America to require the recording of births, deaths, and marriages for the purpose of preserving the evidence thereof. The decree to this effect was issued by the Massachusetts Court in 1639.

Under the earliest laws, the recording of vital statistics data was usually the duty of court officials and town clerks assisted by such informants as school teachers, ministers, cemetery sextons, and relatives of the newborn or the decedent.

Prior to the middle of the nineteenth century, only six states of the Union had adopted laws requiring the registration of births and deaths. For the most part, these laws were faulty and poorly enforced. Moreover, registration requirements differed greatly in the several states.

Gradually a strong demand for the extension and improvement of legislation arose. As early as 1855 the American Medical Association led the way by adopting a resolution urging the medical profession to petition legislative bodies "to establish offices for the collection of vital statistics." At the same time, a committee was formed to report upon a uniform system of registration for births, deaths, and marriages.

At the close of the nineteenth century, nearly all of the remaining states had passed registration laws, and by 1911 every state in the Union had such laws.

Growth of the Registration Areas

Notwithstanding the fact that considerable improvement was made in the various state registration systems, the United States remained, up to 1900, the only major country of the Western World which did not possess national registration. In a series of attempts to supply national data, the Bureau of the Census collected reports on births and deaths in each decennial census from 1850 to 1900. The collection of this type of data by enumerators proved unsatisfactory, resulting in published reports of limited value.

Accordingly, in an effort to obtain more accurate statistics, the Bureau of the Census in 1880 defined a registration area for deaths. A high standard of performance in registration procedure was required from states before they were admitted to this area. The original area consisted of only two states, Massachusetts and New Jersey, and several large cities, whose

registration was complete enough to justify the publication of data by the Federal Government.

In 1902 the Census Bureau, which heretofore had functioned only in census years, was made a permanent agency by an act of Congress. This act authorized that "there shall be a collection of the statistics of the births and deaths in registration areas annually, the data for which shall be obtained only from and restricted to such registration records of such states and municipalities as in the discretion of the director possess records affording satisfactory data in necessary detail. * * *" The death-registration area established in this manner in 1902 consisted of 10 states, the District of Columbia, and a number of large cities in nonregistration states.

The Bureau of the Census did not create a national birth-registration area until death registration was established on a firm basis, since it was felt that complete birth registration was inherently the more difficult problem. A birth-registration area consisting of 10 states was established in 1915. This area rapidly expanded in subsequent years to include other states.

In 1933, for the first time, both the birth- and death-registration areas included all the states in the Union. Only since that year have the annual official vital statistics publications been based upon data from the entire United States.—U. S. Bureau of the Census.

CHANGE AMONG HEALTH OFFICERS

Dr. S. A. Shallenberger has been appointed city health officer of Angels Camp, Calaveras County, to succeed Dr. H. J. Haysom.

How often is syphilis found in the first stage when cure is most certain? Of 15,090 patients chosen at random in New York City Clinic, 55 per cent had a history or a diagnosis of a chancre. But in only 971 patients (6.43 per cent) was a definite diagnosis by dark-field made at the time of admission to the clinic. More than three times as many chancres were found among men as among women.—Reported in Venereal Disease Information, May, 1940.

Four-fifths of the infections with syphilis among men found in 971 patients included in a study of New York City clinic patients were traceable to prostitutes. Unmarried men attributed 87 per cent of their infections to prostitutes; married men, 58 per cent of theirs. Among married men, only one infection in 70 was claimed to have been acquired from the patient's wife. More than one-third of the women claimed to have contracted syphilis in marriage.—Reported in Venereal Disease Information, May, 1940.

MORBIDITY**Complete Reports for Following Diseases for Week Ending June 15, 1940****Chickenpox**

425 cases: Alameda County 6, Alameda 19, Berkeley 5, Oakland 25, Contra Costa County 1, Pittsburg 1, Walnut Creek 1, Placerville 1, Fresno County 3, Kern County 2, Bakersfield 1, Lake County 1, Los Angeles County 36, Alhambra 6, Burbank 1, Compton 6, Culver City 4, El Monte 1, Glendale 4, Huntington Park 1, Inglewood 3, La Verne 1, Long Beach 6, Los Angeles 70, Manhattan 4, Monrovia 3, Pasadena 7, San Gabriel 4, San Marino 5, Santa Monica 6, South Pasadena 1, Whittier 2, South Gate 4, Monterey Park 2, Maywood 2, Marin County 1, Larkspur 2, Merced 1, Monterey County 1, Orange County 6, Anaheim 1, Santa Ana 4, La Habra 3, Riverside County 3, Riverside 1, Sacramento 5, San Bernardino 2, San Diego County 7, Chula Vista 5, National City 3, San Diego 12, San Francisco 75, San Joaquin County 10, Stockton 14, Daly City 1, Atherton 1, Menlo Park 2, Santa Maria 1, Palo Alto 3, Sutter County 3, Yuba City 2, Tulare County 2, Visalia 5, Ventura County 2, Oxnard 1, Marysville 1.

Diphtheria

20 cases: Alameda County 1, Los Angeles County 2, Long Beach 1, Corte Madera 1, Napa County 1, Sacramento 7, North Sacramento 1, San Francisco 2, San Joaquin County 1, Stockton 2, Yuba County 1.

German Measles

14 cases: Alameda 1, Albany 1, Berkeley 1, Oakland 2, Los Angeles County 1, Long Beach 2, Pasadena 1, Santa Ana 1, Riverside 1, San Francisco 1, Santa Clara County 1, Tulare County 1.

Influenza

23 cases: Kern County 11, Los Angeles County 1, Long Beach 1, Los Angeles 8, San Francisco 2.

Malaria

7 cases: Brawley 1, Los Angeles County 1, Los Angeles 1, San Bernardino County 1, Santa Clara County 1, Shasta County 1, Tulare County 1.

Measles

267 cases: Albany 1, Oakland 12, Contra Costa County 1, Antioch 7, Fresno County 7, Fresno 3, Kern County 7, Bakersfield 33, Delano 1, Tehachapi 1, Hanford 1, Los Angeles County 3, Alhambra 1, Glendale 1, Long Beach 3, Los Angeles 11, Pomona 8, Redondo 1, South Pasadena 6, South Gate 2, Auburn 1, Riverside County 2, Sacramento 4, San Diego County 13, Oceanside 6, San Diego 36, San Francisco 6, San Joaquin County 11, Lodi 5, San Luis Obispo County 4, San Luis Obispo 24, Santa Barbara County 1, Santa Barbara 4, Santa Clara County 4, Mountain View 1, San Jose 12, Solano County 2, Stanislaus County 3, Modesto 2, Sutter County 1, Tulare County 13, Oxnard 1, Winters 1.

Mumps

319 cases: Alameda County 1, Alameda 2, Berkeley 1, Oakland 11, Fresno County 1, Kern County 6, Taft 1, Kings County 1, Hanford 1, Los Angeles County 35, Arcadia 2, Glendale 15, Long Beach 47, Los Angeles 38, Montebello 2, Pasadena 1, Pomona 9, Lynwood 1, Monterey Park 5, Signal Hill 3, Bell 1, Larkspur 2, Ukiah 13, Mono County 1, Orange County 6, Fullerton 5, Huntington Beach 1, Orange 3, Santa Ana 2, Indio 3, San Diego 1, San Francisco 29, San Joaquin County 7, Lodi 1, Manteca 5, Stockton 13, San Luis Obispo County 1, Paso Robles 3, Redwood City 3, Menlo Park 5, Santa Barbara County 4, Santa Clara County 15, Palo Alto 8, San Jose 1, Stanislaus County 1, Turlock 1, Ventura 1.

Pneumonia (Lobar)

26 cases: Martinez 1, Calipatria 1, Kern County 1, Los Angeles County 1, Huntington Park 1, Long Beach 1, Los Angeles 6, Redondo 1, Ukiah 1, Auburn 1, San Bernardino County 1, San Francisco 5, San Mateo 1, Santa Clara County 1, Ventura County 1, Ventura 2.

Scarlet Fever

109 cases: Oakland 6, Eureka 1, Kern County 1, Los Angeles County 13, Arcadia 1, Burbank 1, Compton 2, Glendale 2, Hermosa 3, Huntington Park 2, Los Angeles 21, Redondo 2, San Gabriel 1, Santa Monica 2, Torrance 1, Lynwood 1, South Gate 2, Signal Hill 2, Corte Madera 1, Merced 1, Salinas 1, Orange 1, Plumas County 1, Riverside County 3, Riverside 6, San Bernardino County 1, Ontario 1, San Bernardino 2, San Diego 1, San Francisco 8, San Joaquin County 3, Stockton 2, San Luis Obispo County 2, Redwood City 1, Santa Barbara 1, Sutter County 4, Tulare County 1, Ventura County 2, Yolo County 2.

Smallpox

2 cases: Placer County.

Typhoid Fever

6 cases: Brawley 1, Los Angeles County 1, Los Angeles 1, Hemet 1, San Diego 1, Stanislaus County 1.

Whooping Cough

498 cases: Alameda County 5, Alameda 4, Berkeley 4, Oakland 16, San Leandro 4, Placerville 1, Fresno County 3, Kern County 4, Bakersfield 3, Delano 2, Kings County 4, Hanford 5, Los Angeles County 84, Alhambra 3, Burbank 5, Compton 1, El Monte 1, Glendale 1, La Verne 7, Los Angeles 87, Montebello 2, Pasadena 2, Pomona 13, San Gabriel 1, Santa Monica 9, South Pasadena 2, Whittier 3, Lynwood 4, South Gate 5, Bell 2, Mono County 4, Monterey County 4, Pacific Grove 4, Orange County 2, Orange 2, Santa Ana 1, La Habra 1, Riverside County 4, Sacramento 24, San Bernardino County 2, Chino 2, Ontario 1, Redlands 2, San Diego County 3, La Mesa 7, San Diego 6, San Francisco 40, San Joaquin County 11, Manteca 1, Stockton 10, Paso Robles 3, San Mateo 2, Menlo Park 1, Santa Barbara County 1, Santa Barbara 15, Santa Clara County 16, Mountain View 2, Palo Alto 10, San Jose 11, Santa Clara 1, Santa Cruz County 2, Watsonville 3, Siskiyou County 2, Stanislaus County 3, Ventura County 3, Woodland 2, Marysville 1, Santa Cruz 2.

Meningitis (Epidemic)

3 cases: Contra Costa County 1, Santa Monica 1, Riverside 1.

Dysentery (Amoebic)

4 cases: Oakland 1, Los Angeles 1, Santa Barbara 2.

Dysentery (Bacillary)

7 cases: Oakland 1, Los Angeles County 4, Arcadia 1, Los Angeles 1.

Leprosy

One case: Kings County.

Ophthalmia Neonatorum

One case: San Francisco.

Poliomyelitis

11 cases: Alhambra 1, Hermosa 1, Los Angeles 6, Pasadena 1, Pomona 1, Stanislaus County 1.

Paratyphoid Fever

5 cases: Inyo County 3, Los Angeles County 2.

Rocky Mountain Spotted Fever

One case: Lassen County.

Trichinosis

One case: San Francisco.

Typhus Fever

One case: Chula Vista.

Undulant Fever

7 cases: Fresno County 1, El Centro 1, Imperial 1, Calipatria 2, Inglewood 1, Los Angeles 1.

Coccidioidal Granuloma

3 cases: Los Angeles 1, Napa County 1, Stockton 1.

Septic Sore Throat

5 cases: Kern County 2, Bakersfield 2, Huntington Park 1.

Epilepsy

30 cases: Los Angeles County 2, Burbank 1, Los Angeles 22, Manhattan 1, San Bernardino County 2, San Francisco 1, Santa Clara 1.

Rabies (Animal)

10 cases: El Dorado County 1, Placerville 1, Inglewood 1, Monterey 3, San Francisco 1, Hillsborough 2, Visalia 1.

"Let our object be our country, our whole country and nothing but our country. And by the blessing of God may that country itself become a vast and splendid monument, not, of oppression and terror, but of wisdom, of peace and of liberty upon which the world may gaze with admiration forever."—Daniel Webster.

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